M M S S S S S **(:)**

FEC FORM 3X

For Other Than An Authorized Committee

FEC FORM 3X

Rev. 12/2004

Office Use Only TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. DEMCDCONGRESS CENTINAL VICILIZA OURYL ADDRESS (number and street) Check if different than previously reported. (ACC) CB STATE A CITY A ZIP CODE A FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW **AMENDED** C00492264 OR REPORT (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) 'Report (Choose One) Due On: Dec 20 (M12) Jun 20 (M6) Sep 20 (M9) Mar 20 (M3) (Non-Election Year Only) (a) Quarterly Reports: Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Apr 20 (M4) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of Covering Period through certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FE6AN026

Office

Use

Only

1103063437

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMCD CONGRESS CENTRAL VOLLEY

Report Covering the Period:

From:

To: 06 30 4011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	(b) Cash on Hand at Beginning of Reporting Period	, , , , , , , , , , , , , , , , , , , ,	
	(c) Total Receipts (from Line 19)	1	• • • • • • • • • • • • • • • • • • •
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	,	in the state of th
7.	Total Disbursements (from Line 31)	, <u>, , , , , , , , , , , , , , , , , , </u>	en de la companya de
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

U)

103063437

Report Covering the Period: From: 01 01 2011 To: 06 30 2011

I. Receipts COLUMN A Total This Period		COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		TERRET CO., CONTROL CO
(i) Itemized (use Schedule A)	, , , ,	
(ii) Unitemized(iii) TOTAL (add	, , 45.21	and the state of t
Lines 11(a)(i) and (ii)▶	, , 9521	, ,
(b) Political Party Committees	, ,	, , , .
(c) Other Political Committees (such as PACs)	, , 480	, , , , , , , , , , , , , , , , , , , ,
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	, ,)000)	
12. Transfers From Affiliated/Other	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,
Party Committees	, , —	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. All Loans Received	, , 	the state of the state of the state of
14. Loan Repayments Received	, —	en e
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	• · · · · · · · · · · · · · · · · · · ·	time gradient and the more than the second state of the second sta
16. Refunds of Contributions Made	, ,	and the second s
to Federal Candidates and Other	_ 5.00	gradient de la company de
Political Committees	, , ,	ingeria de la viva de la companio della companio d
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	3 (1) (3) (4)
(a) Non-Federal Account		and the second of the second o
(Irom Schedule H3)	, , —	e innocensio de Para Constante Para de Constante de Const
(b) Levin Funds (from Schedule H5)	, , , , , , , , , , , , , , , , , , , 	
(c) Total Transfers (add 18(a) and 18(b))	, , —	• • • • • • • • • • • • • • • • • • •
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	, , , , , , , , , , , , , , , , , , , ,	en e
20. Total Federal Receipts	en en en en analysis en en en alle standare en	na di salah sa
(subtract Line 18(c) from Line 19)▶	,	,

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		II. Disbursements COLUMN A Total This Period	
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tills Fellou	Calendar Year-to-Date
	Activity (from Schedule H4)	and the second s	
	(i) Federal Share		, , , , ,
	(ii) Non Fodovol Obovo		· · · ·
	(ii) Non-Federal Share(b) Other Federal Operating	* · · · · · · · · · · · · · · · · · · ·	;
	Expenditures		•
	(c) Total Operating Expenditures	The second of the mass and the Person of the Second of the	
	(add 21(a)(l), (a)(ii), and (b))▶	· · · · · · · · · · · · · · · · · · ·	7
22.	Transfers to Affiliated/Other Party		
23.	CommitteeaContributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures	The state of the s	* * * * * * * * * * * * * * * * * * *
25.	(use Schedule E)	9 · · · · · ·	, , , , , , , , , , , , , , , , , , ,
	(use Schedule F)		
26.	Loan Repayments Made	• • • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * *
	Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	7	•
	(b) Political Party Committees	, , ,	1
	(such as PACs)	, , ,	1 1
	(d) Total Contribution Refunds	and the second second second	
	(add Lines 28(a), (b), and (c))▶	, ,	, ,
29.	Other Disbursements		, ,
30.	Federal Election Activity (2 U.S.C. §431(20))	
	(a) Allocated Federal Election Activity	Ì	
	(from Schedule H6)	the first of the winds of the section of the sectio	Programme Control
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	The second graphs and the second seco	in the state of th
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶		engine in the Marie West of the Section of the Sect
21	Total Diphuramente (add Lines 21(s) 22		
٠١.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, , ,	en e
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	green was a second with the second second	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	from Line 31)	The state of the s	en en en ≇oeroemikoek en omboek tirok

DETAILED SUMMARY PAGE

of Disbursements

Page **5**

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans)		
(from Line 11(d), page 3)		en e
34. Total Contribution Refunds	pulsary in the article of the first of the second of the s	
(from Line 28(d))	a pilipali palasi majurat majurat p	in i frantijarte ili ohtelij
35. Net Contributions (other than loans)	A SECTION AND THE SECTION AND	
(subtract Line 34 from Line 33)		in a second of the second seco
36. Total Federal Operating Expenditures		
(add Line 21(a)(i) and Line 21(b)) ▶	the state of the s	ing 1. Tanàna ao amin'ny faritr'o amin'ny tanàna mandritry ny taona 2008. Tanàna ao amin'ny taona 2008–2014. Ilay kaominina dia
37. Offsets to Operating Expenditures	in the community of the	
(from Line 15, page 3)	and the second s	error de distribución en el sector de el como de el com
38. Net Operating Expenditures	turmskum (m. 1912), sa u <u>mmad statu Z</u> alamana ali Zalamana (m. 1901). Para ali mada ali mad	
(subtract Line 37 from Line 36)	, , , , , , , , , , , , , , , , , , , ,	, ,

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE OF (Use separate schedule(s) (check only one) for each category of the

	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) DEN CONSES Full Name (Last, First, Middle Initial)	SCENTRALVALLEY	
Full Name (Last, First, Middle Initial) A. A. Mailing Address City		Date of Receipt O2 06 20)
FEC ID number of contributing federal political committee.	MA 02138 C	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ , , 4.€	0
Full Name (Last, First, Middle Initial) 8. Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C	• • • • • • • • • • • • • • • • • • •
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		eman mush temas or sent organi menagsasa selagi processe. - Alamania ama⊅ana ama alama 9.1 + Nasa or + 15 + 1 → 1
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	1)	· 4.80
TOTAL This Period (last page this line num	ber only)	→ 480

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LO I GIIII 3A)	Use separate schedule(s)	FOR LINE			
TEMIZED DISBURSEMENTS	for each category of the	(check only	one)		
j	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b		
		-			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-					
NAME OF COMMITTEE (In Full)					
`	\s				
DEMCDCONGREGOCENT	real valley		·		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
••		ł	M M / D D / Y Y Y		
Mailing Address					
Cit.	tota Zia Cada				
City S	tate Zip Code				
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Disbursem	ent For:	Туре	, , ,		
- I	Primary General				
i	Other (specify) ▼	ļ			
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
			M M / D O / . Ÿ Y Y		
Mailing Address					
City S					
Ony 5	tate Zip Code				
Purpose of Disbursement		· . :	Amount of Foot Dish		
Candidate Name			Amount of Each Disbursement this Period		
Candidate Haine	Category/ Type		, , , , ,		
Office Sought: House Disbursem	ent For:		,		
<u></u>	Primary General	ĺ			
	Other (specify) ▼	j			
State: District: Full Name (Last, First, Middle Initial)					
. un maine (Last, 1 nst, Middle Initial)			Date of Disbursement		
			'M M · / '"D' D / 'V Y Y Y		
Mailing Address		ļ	and the second of the second of		
City S	tate Zip Code				
	·				
Purpose of Disbursement			 		
Candidate Name		0-10	Amount of Each Disbursement this Period		
		Category/ Type	l de la companya de l		
Office Sought: House Disbursem			producer successive and a summarization of the successive and the succ		
h1 h1	Primary General				
State: District:	Other (specify) ▼	ł			
					
SUBTOTAL of Disbursements This Page (optional)			· , , , , , , , , , , , , , , , , , , ,		
			, , , , , , , , , , , , , , , , , , ,		
TOTAL This Period (last page this line number only).		······ •	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE & OF 20

TEMOS :					
DEMOCONGRESS G LOAN SOURCE Full Name (Last, First,	ENTIAL VOLU	EX			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	7	Elec	ction:	
				Primary	
				General	
Mailing Address				Other (specify)	▼
City	State ZIP	Code			
Original Amount of Loan	Cumulative Paymen	t To Date		Outstanding at C	
and the second of the second o		** * * * * * * * * * * * * * * * * * *		erme i e errer	
) on the second of the second	ا مان دو او				
TERMS					
Date Incurred	Date 0	Due Interest			Secured:
M M / D D / Y Y Y	" M M / 10 " D / ,	. ү ү ү			r
				% (apr)	Yes
List All Endorsors or Guaranters (if any					
List All Endorsers or Guarantors (if any	o Loan Source	The least			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		000000000000000000000000000000000000000			
Mailing Address		Occupation			
	715.0	Amount			
City State	ZIP Code	Guaranteed Outstanding:	,	,	
2. Full Name (Last, First, Middle Initial)		Name of Employer			
NACULA Addison	·				
Mailing Address		Occupation			
		<u> </u>			
01-1-	710.0-1-	Amount Guaranteed		•	• .
City State	ZIP Code	Outstanding:	5	3	•
2 Full Name (Leat First Middle Initial)					
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Amount			•
on, State	En 3006				•
4. Full Name (Last, First, Middle Initial)		Name of Embloyer			
		Traine or Employor			
Mailing Address		Occupation			
•		,			
		Amount		 	
City State	ZIP Code	Guaranteed			
-		Outstanding:	eler 🕽 🕝	1.1.1	•
					
BTOTALS This Period This Page (option	al)				
DICIALS THIS FERIOU THIS FAGE (OPHOTI	ai)			· • · · · • • • •	
TALS This Period (last page in this line of	only)				~~
TALS THIS FERIOU (IASI PAGE III IIIIS IINE (יוווע (y ן אוווע y)	······			-60

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _ O of Schedule C

rederal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBER
_		C	00492264
LENDING INSTITUTION (LENDER)	ACVALLEY		Tago T
	Amount of Loan		Interest Rate (APR)
Full Name			
	Contraction of the state of the state of	••	· · · · · · · · · · · · · · · · · · ·
Mailing Address		M W	/ D 'D' / V Y Y Y
	Date Incurred or Established		
City State Zip Code	Date Due	: N3 84 .	$= \int_{\mathbb{R}^{n-1}} \frac{d}{dt} \sum_{i=1}^{n-1} \frac{d}{dt} \sum_{i=1}^{n-1} \int_{\mathbb{R}^{n-1}} \frac{d}{dt} \sum_{i=1}^{n-1} \frac{d}{dt} \sum_$
ony suite Elp doub	Date Duc		
A. Has loan been restructured? No Yes	If yes, date originally incurred	M M	7 D D Y Y Y Y
B. If line of credit.	Total		
Amount of this Draw	Outstanding Balance:		
Amount of this order	January Date 100.		tunist is to the party of the best of
C. Are other parties secondarily liable for the debt incurr			
	ust be reported on Schedule C.)	\/\\	union of this collection ID
D. Are any of the following pledged as collateral for the property, geods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, shattel papers,		value of this collateral?
No Yes If yes, specify:		,	7 · · · · ·
			ender have a perfected security
E. Are any future contributions or future receipts of inter-		nterest in i	
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes, s			estimated value?
	. ,		
		*******	(
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
M M v n n v v v v	City, State, Zip:		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER		DATE	· · · · · · · · · · · · · · · · · · ·
Typed Name		, M M	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		, , , , , , , , , , , , , , , , , , ,	
H Attach a cigned copy of the loan agreement	<u> </u>		
H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION:			
 To the best of this institution's knowledge, the te are accurate as stated above. 			
 The loan was made on terms and conditions (in similar extensions of credit to other borrowers or 	f comparable credit worthiness.		·
III. This institution is aware of the requirement that complied with the requiremente set forth at 11 C	a loan must be made on a basis of the control of th	which assu this loan	ires repayment, and has
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name		. м. м	7 - "Q"""Q"" 7 - "Y" - "Y - "Y" - "Y
Signature	tle	in in it	ing the second of the second o
l			

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)

OF 20 PAGE O FC (ct

OR LINE NUMBER:	
heck only one)	
	10

Excluding Loans NAME OF COMMITTEE (In Full)

	DE MON CONCUES	CENTRAL VALLEY	
A. Full	Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose):
Mailing /	Address		
City	State	Zip Code	
	anding Balance Beginning This Period		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	y	. Find the	
B. Full 1	lame (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailing	Address		
City	State	Zip Code	
Outst	anding Balance Beginning This Period		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	• • • • • • • • • • • • • • • • • • •	was to the state of the state of the state of	
C. Full	Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
Mailing	Address		
City		State Zip Code	
Outst	anding Balance Beginning This Period		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
ī		en e	Korolando, Alexiverriir Deloner (
SUBTO	TALS This Period This Page (optional)	·····	Carry Court Operate as emotion of the Section of th
TOTAL	S This Period (last page this line number	only)	
TOTAL	OUTSTANDING LOANS from Schedule	C (last page only)	
ADD 2	and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES OF 20 PAGE PAGE \ OF 20 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ DE M CD COUGNESS CENTRALYALLEY C00 492264 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Purpose of Expenditure State: Office Sought: House Category/ Senate Type District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose 44 4 W. W. W. C. C. Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) assa attaria ii kata maa ka ta Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code $(s, t, t) = (t, t, t) \cdot \mathbf{y} \cdot (s, t, t) \cdot (\Delta u u t \mathbf{y} - u u t)$ State: Purpose of Expenditure Office Sought: House Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: [Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Column ingrations Committee from Rivers. The Column (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Uniternized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

Signature

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d))

PAGE	12	OF	20)
FOR LU	NF 25	OF F	ORM	3X

(To be used only by Political Committees in the General Election)					
NAME OF COMMITTEE (In Full)					
DEMCD CO.NGRESS CONTRALYALEY las your committee been designated to make Full Name of Subordinate Committee Full Name					
coordinated expenditures by a political party committee?					
f YES, name the designating committee: Mailing Address					
	City		State ZIP Code		
Full Name (Last, First, Middle Initial) of Each Payer	e	Purpose of	Expenditure		
Mailing Address			Category/ Type		
City	ite Zip Code	Date	/ P B : Y Y Y Y		
Name of Federal Candidate Supported Office So	ught: House Senate Di	State: Amount strict:	3 *		
Aggregate General Election Expenditure for this Candidate ▶ ,	2 *				
Full Name (Last, First, Middle Initial) of Each Payer	Full Name (Last, First, Middle Initial) of Each Payee				
Mailing Address		Date	Category/ Type		
City	ite Zip Code		y D D y Y Y Y		
Name of Federal Candidate Supported Office So	Senate Di	State: Amount strict:			
Aggregate General Election Expenditure for this Candidate ▶ ,	Presidential		y		
Full Name (Last, First, Middle Initial) of Each Paye	е	Purpose of	Expenditure		
Mailing Address		Date	Category/ Type		
City Sta	City State Zip Code				
Name of Federal Candidate Supported Office So	- h(State: Amount strict:	<u> </u>		
Aggregate General Election Expenditure for this Candidate ▶ ,	ş •		, , , , ·		
SUBTOTAL of Expenditures This Page (optional)			, , \%		
TOTAL This Period (last page this line number only).			<i>P</i> 1 1		

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)				
USE ONLY ONE SECTION	N, A or B			
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Feder	al)			
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (19	5% Federal)			
B. Separate Segregated Funds and Nonconr	nected Committees			
B. Separate Segregated Funds and Nonconn Flat Minimum Federal Percentage	nected Committees			
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percent	ntage of 50% federal funds, check			
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage Or	ntage of 50% federal funds, check , indicate ratio below %			
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage Or If the committee is spending more than 50% federal funds	ntage of 50% federal funds, check , indicate ratio below %			
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage Or If the committee is spending more than 50% federal funds Federal	ntage of 50% federal funds, check , indicate ratio below %			

New

ACTIVITY IS:

New

ACTIVITY IS:

New

ACTIVITY IS:

New

ACTIVITY IS:

New

Fundraising

Fundraising

Fundraising

Fundraising

CHECK IF THE RATIO IS:

Revised

Revised

Revised

Revised

Revised

Direct Candidate Support

Direct Candidate Support

Direct Candidate Support

Direct Candidate Support

ACTIVITY OR EVENT IDENTIFIER

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ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)	<u> </u>	1 3 80
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT	
Methods of allocation:		•
 FUNDRAISING activities are allocated using the "funds received me expenses must equal the federal proportion of monies raised. 	thod" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommended by the federal proportion of disbursements is based on the beneficity. For PACs Only: Direct candidate support includes public comfederal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal cand munications or voter drives	didates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:		NONFEDERAL % NONFEDERAL %

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Same as Previously Reported

FEC Schedule H2 (Form 3X) Rev. 12/2004

NONFEDERAL %

NONFEDERAL %

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NONFEDERAL %

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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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FOR	LINE	18a	OF	FORM	3X

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ii) Generic Voter Drive		
iii) Exempt Activities		V • • • • • • • • • • • • • • • • • • •
iv) Direct Fundraising (List Activity or Ev	vent Identifier)	·
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b)	• • • • • • • • • • • • • • • • • • •	
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v) Direct Candidate Support (List Activi	t Fundraisingty or Event Identifier)	
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c) Total Amount Transferred For Direct	t Candidate Support	Salara ay is teastable .
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vi) Public Communications Referring O	only to Party (Made by PAC)	ar months last care at the contract of the con
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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N/	AME OF COMMITTEE (In Full)		
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	Mailing Address		Administrative Fundraising Exempt
	Maining Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	🕇 Eugenia . 🖔	The Community of the Control of the
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	City State Zip Code		Public Comm (ref to party only) by PAC
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	Mailing Address		Voter Drive Direct Candidate Support
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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	Total Amount Transferred for Vote	Registration,	
			OTER ID
ii)	Voter ID		· · · · · · · · · · · · · · · · · · ·
	lotal Amount Transferred for Vote	r ID,	• •
iii	GOTV		GOTV
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iv)	Generic Campaign Activity	: •	GENERIC CAMPAIGN ACTIVITY
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HEAKDOV	VN OF THIS TRANSFER	WOTED DECISE	PATION
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	Total Amount Transferred for Vote	TID	
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TOTAL	L This Period (GOTV)		**************************************
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	L This Period (Generic Campaign A	Activity)	
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TOTAL			and the second of the second o

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE M		50	
FOR LINE	30a OF	FORM	3)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
A. Full Name (Last, First, Middle Illitial) / Full Organization Name		Voter Registration GOTV
		Voter ID Generic Campaigr
Mailing Address		Allocated Activity or Event Year-To-Date
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City State Zip Code		The state of the s
Purpose of Disbursement	Category/ Type	M M / D' D', / Y Y Y Date
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Mailing Address		Allocated Activity or Event Year-To-Date
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Durnoss of Dishursoment	i	M M / 01 0 / Y Y Y
Purpose of Disbursement	Category/ Type	Date
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FEDERAL SHARE + LEV	Category/ Type	= TOTAL AMOUNT
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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	(b) Unitemized		e de la Maria de la Maria de la Companya de la Comp
	(c) Total	and the state of t	, ,
2.	OTHER RECEIPTS		,
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	2 - 45 p	, ,
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	, , , , , , , , , , , , , , , , , , ,	1
	(b) Voter ID	y y y	9
	(c) GOTV	, ,	3 3
	(d) Generic Campaign	Name of the State	
	(e) Total	en e	• • • • • • • • • • • • • • • • • • •
5.	OTHER DISBURSEMENTS	and the state of	9 5 - 2 - 9 5 - 2 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	· · · · · · · · · · · · · · · · · · ·	
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8.	RECEIPTS(from Line 3)		
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11.			en e

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

PAGE C	OF DO
1a	2

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NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial) / Full Organiz	ation Name		Date of Receipt
A.			M M / D / Y Y Y Y
Mailing Address			
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBI	ER: [PAGI	10	OF X
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OF LEVIN FUNDS	Aggregation Page	4b	
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(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 7/18/11
Delivery Confirmation™ or Signature Conf	irmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Inip	7/22/11
PREPARER	DATE PREPARED